Residential Habilitation Standards

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Introduction

The Vision of the South Carolina Department of Disabilities and Special Needs is: To provide the best in services to assist persons with disabilities and their families in South Carolina.

Our Mission is to: Assist people with disabilities and their families through choice in meeting needs, pursuing possibilities and achieving life goals, and minimize the occurrence and reduce the severity of disabilities through prevention.

The Department values:

The health, safety and well-being of each person
Dignity and respect for each person
Individual and family participation
Choice, control and responsibility
Relationships with family, friends and community connections
Personal growth and accomplishments

Effective providers of Residential Habilitation Services structure their systems of services and supports to ensure that people who receive services experience these values throughout the daily fabric of their lives.

Residential Habilitation services demonstrate due regard for the health, safety and well being of each person when they:

- Meet or exceed applicable federal, state and local fire, health and safety regulations, policies and procedures.

- Carefully consider each person's vulnerability to abuse, neglect or exploitation and regularly review the effectiveness of efforts to provide appropriate protection.

- Regularly review each person's health status and ensure that health care is comprehensive and ongoing.

- Develop creative ways to meet health and safety needs while recognizing the importance of the values of relationships, participation, choice, empowerment, responsibility and control.

Dignity and respect
Participation, choice, control and responsibility

Despite the presence of disabilities, people retain the same human, civil and constitutional rights as any citizen. People receiving Residential Habilitation Services rely on their services for support and encouragement to grow and develop, to gain autonomy, become self-governing and pursue their own interests and goals. Effective Residential Habilitation programs take positive steps to protect and promote the dignity, privacy, legal rights, autonomy and individuality of each person who receives services.

Respectful service providers carefully listen to what each individual expresses, using creative methods if necessary, to learn about their desires, plans and preferences.

Community connections
Relationships with family and friends

People should be present in the community and actively participate using the same resources and doing the same activities as other citizens.

Residential Habilitation Services promote inclusion when they:

- Support people to live in residential areas which are convenient to a range of places to shop, bank, eat, worship, learn, make friends and participate in community life.

- Support people to use available transportation to get where they need and want to go.

- Support and encourage people to participate in a variety of activities and to try new places and activities outside their homes and service settings.

- Support and encourage people to meet others, participate with other members of the community (not just paid staff) in shared activities and join associations of interest that offer membership.

- Support and encourage people to give back to the community in meaningful ways through volunteer opportunities.

Relationships

Friends and family offer people essential support and protection. They provide continuity throughout life, act as a safety net, and open the way to new opportunities and experiences.

Many people with developmental disabilities rely on Residential Habilitation Services for assistance in maintaining relationships with family and friends. Some also need help to meet new people and make new friends.

Residential programs support relationships when they:

- Identify the people who are important to each person who receives services and provide them with assistance to re-establish or maintain contact with them.

- Recognize that family members are very important to some people and work to negotiate any conflicts that arise between the program and family members in ways that protect relationships.

- Encourage people to reach out to other people. Some people who have been socially isolated need opportunity, guidance and coaching to assist them in making friends.

- Welcome the people a person with a disability chooses as friends. If the person's choice of a friend conflicts with the person's health and safety interests, respectfully negotiating these situations strengthen the quality of staff relationships with the people they serve.

Council on Quality and Leadership

Definitions

Residential Habilitation Services include the care, skills training and supervision provided to individuals in a non-institutional setting. The degree and type of care, supervision, skills training and support of individuals will be based on the plan and the person's needs. Services include assistance with acquisition, retention, or improvement in skills related to activities of daily living, such as personal grooming and cleanliness, bed making and household chores, eating and the preparation of food, and the social and adaptive skills necessary to enable the individual to reside in a non-institutional setting. Residential Habilitation can be provided in a variety of settings.

Community Training Home I Model

In the Community Training Home I Model, personalized care, supervision and individualized training are provided, in accordance with a service plan, to a maximum of two people living in a support provider's home where they essentially become one of the family. Support providers are qualified and trained private citizens.

Community Training Home II Model

The Community Training Home II Model offers the opportunity to live in a homelike environment in the community under the supervision of qualified and trained staff. Care, supervision and skills training are provided according to individualized needs as reflected in the service plan. No more than four people live in each residence.

Supervised Living Model II

This model is for people who need intermittent supervision and supports. They can handle most daily activities independently but may need periodic advice, support and supervision. It is typically offered in an apartment setting that has staff available on-site or in a location from which they may get to the site within 15 minutes of being called, 24 hours daily.

Supported Living Model I

This model is similar to the Supervised Living Model II however people generally require only occasional support. It is offered in an apartment setting and staff are available 24 hours a day by phone.

Community Residential Care Facility (CRCF)

This model, like the Community Training Home II Model, offers the opportunity to live in the community in a homelike environment under the supervision of qualified, trained caregivers. Care, supervision and skills training are provided according to identified needs as reflected in the service plan. *See SC DHEC Regulation Number 61- 84 for specific licensing requirements. Note: The DHEC licensing requirements supersede the requirements of the SCDDSN Residential Habilitation Standards.*

Residential Habilitation

Standards

<u>All Models</u>

	General	Guidance
RH1.0	Residential Habilitation will be provided in accordance with all SCDDSN policies and procedures.	Current policies and procedures are listed in the Appendix to these standards.
RH1.1	Residential Habilitation must be provided in settings that are certified by SCDDSN or licensed by DHEC.	Refer to standards for DDSN Certification and South Carolina Department of Health and Environmental Control Regulations # 61-84. Supported Living I settings are exempt from licensing.
RH1.2	People's preferences/wishes/desires for how, where and with whom they live are learned from the person: A. Prior to entry into a residential setting; and B. Continuously	The person's preferences must be actively solicited on an on-going basis and results documented in service notes/ residential summary of progress. On-going basis means that at a minimum, on a quarterly basis, service notes/residential summary of progress, should contain documentation that the preferences/wishes/desires for how, where and with whom they live are learned from the person and that those preferences/wishes/desires are acted upon whenever possible within the resources of the person/provider. People who receive residential habilitation should, to the extent of their ability and desire, be afforded the opportunity to have input into the hiring of staff who work directly with them and/or evaluation of staff's performance.
	Residents Rights & Protections	**Guidance**
RH2.0	People are: a) Informed of their rights; b) Supported to learn about their rights; and c) Supported to exercise their rights.	Rights include: Human rights, Constitutional rights and Civil rights • Training includes responsibilities as well as rights. • Each person's right to privacy, dignity and confidentiality in all aspects of life is recognized, respected and promoted. • Personal freedoms, such as the right to make a phone call in private, to decide to have a friend visit, choices as to what to have for a snack, etc. are not restricted without due process. • People are expected to manage their own funds to the extent of their capability. • Due process is upheld, including the Human Rights Committee review of restriction of personal freedoms. • People with limited knowledge and experience receive training and opportunities to explore their individual rights and the responsibilities that accompany them.

RH2.1	People are supported to make decisions and exercise choices regarding their daily activities.	• People's schedules of activities are developed in consultation with them and according to their preferences, including but not limited to mealtime, bedtime, menu items, snack choices, restaurant choices, and community activities. • Major changes that affect the person are not made without consultation with them.
RH2.2	People are free from abuse, neglect and exploitation.	• People who receive services are trained on what constitutes abuse and how and to whom to report. • Training is an ongoing process rather than a one time event. On-going process means that information about abuse/neglect is incorporated into all aspects of the training program not a one-time, large group training experience. Ex. Discussed at meetings within residences, "rap sessions", Self-advocates meetings, etc. • People who have experienced abuse receive appropriate physical, emotional and legal follow up. • People are treated with consideration and respect at all times.
RH2.3	Community Training Homes must be open to the resident at all times.	Support Providers may/should be given a break but residents must be allowed to remain in their home. Residents will not be expected to leave during support providers breaks/vacations.
RH2.4	Unless contraindicated by assessment data, each resident must be provided with a key to his/her bedroom.	Contraindications may include but not be limited to: no desire for a key to the bedroom, inability to use a key due to physical limitations, behavioral issues, etc. If a resident desires a key and conditions exist that contraindicate this, review by the Human Rights Committee must occur. Residents are provided one key. Provider must have a policy regarding lost keys and replacement keys.
RH2.5	Unless contraindicated by assessment data, each resident must be provided with a key to his/her home.	Contraindications may include but not be limited to: no desire for a key to the home, inability to use a key due to physical limitations, behavioral issues, etc. If a resident desires a key and conditions exist that contraindicate this, review by the Human Rights Committee must occur. Residents are provided one key. Provider must have a policy

		regarding lost keys and replacement keys.
	Participation and Integration	**Guidance**
RH3.0	People are supported and encouraged to participate and be involved in the life of the community.	• People are supported to form and maintain a variety of connections, ties and involvements in the community, such as volunteering, joining clubs, shopping, dining, going to parks, ballgames, church of their choice, etc. • People are given information about opportunities for community participation i.e. people are made aware of community activities such as ballgames, concerts, benefits, etc. and are encouraged to participate in activities that interest them. • Training to participate is provided if needed.
RH3.1	People are supported to maintain and enhance links with families, friends or other support networks.	• Information about the person's family, friends or other support networks is known. • The status of the relationships is known. • The person is supported to maintain contact or to re-establish contact according to his/her wishes within the ability of the Provider's resources.
	HABILITATION	**GUIDANCE**
RH4.0	Prior to providing Residential Habilitation, a preliminary plan that outlines the care supervision and skills training/interventions to be provided must be developed.	Plan must include essential information to ensure appropriate services and supports are in place to assure health, safety, supervision and rights protection.
RH4.1	At the time of admission, the preliminary plan must be implemented.	Preliminary plan is to be implemented on the day of admission. When assessments are completed and training needs/priorities have been identified, the residential support plan will be completed and will replace the preliminary plan.
RH4.2	The person's interests and life goals are identified with direct input from the person: A. Prior to the	Actively solicit the person's interests and life goals. This information may be learned in a variety of ways; however the key is to gather this information directly from the person through direct interaction, observations or talking with someone who knows the person best.

	development of the plan B. As needed to insure information is current	
RH4.3	A comprehensive functional assessment: A. Is completed prior to the development of the initial plan B. Is updated as needed to insure accuracy	Assessments are individualized based on: gender, choice, ethnic background, physical abilities, adaptive functioning level and chronological age. The assessment supports skills training, care and supervision objectives identified within the person's plan. Training goals will be established based on the person's interests and priorities. Events that may trigger an assessment update may include, but not be limited to: completion of a training objective, failure to progress on a training objective, upcoming annual plan, major change in health/functioning status such as stoke, hospitalization, etc.
RH4.4	A comprehensive functional assessment must identify the abilities/strengths and needs of the person in the following areas: a) Self care b) Activities of daily living c) Communication d) Personal Health (including Self administration of med) e) Self-preservation (fire evacuation, severe weather, general safety etc.) f) Self supervision at all times	At a minimum, the functional assessment must include all areas listed. Depending on the person's priorities and preferences additional areas may need to be assessed. Assessments must include the need to use, maintain prosthetic/adaptive equipment. Self Care: a) Bowel/bladder care b) Bathing/grooming (including ability to regulate water temperature) c) Dressing d) Eating e) Ambulation/Mobility Personal Health: a) Need for professional medical care (how often, what care) b) Ability to treat self or identify the need to seek assistance c) Ability to administer own meds/treatments (routine, time limited, etc.) d) Ability to administer over the counter meds for acute illness e) Ability to seek assistance when needed.

	g) Rights h) Personal finances/money i) Community involvement j) Social Network/Family Relationships k) Personal property maintenance/management	Self Preservation: a) Respond to emergency b) Practice routine safety measures c) Avoid hazards d) Manage (use/avoid) potentially harmful household substances e) Ability to regulate water temperature Self Supervision: a) Need for supervision during bathing, dining, sleeping, other times during the day b) Ability to manage own behavior Rights: a) Human – rights established by the United Nations that all people are entitled to by virtue of the fact that they are human. Ex. Life, liberty and security of person, right not to be subjected to torture, etc. b) Civil – rights guaranteed by law. Ex. Americans with Disabilities Act c) Constitutional – rights guaranteed by the Constitution of the United States. Ex., free speech, right to due process, etc. Personal finances/money: People are expected to manage their own money to the extent of their ability. Community Involvement: a) Extent of involvement b) Awareness of community activities c) Frequency d) Type Social network/family relationships a) Family and Friends b) Status of relationships c) Desired contact d) Support to re-establish/maintain contact
RH4.5	Within 30 days of admission and every 365 days thereafter, a residential plan is developed: a) that supports the person to live the way he/she wants to live b) that reflects balance between self determination and health and safety	"Balancing the Rights of Consumers to Choose with the Responsibility of Agencies to Protect."

	c) that reflects the interventions to be applied.	
RH4.6	The plan must include: a) The type and frequency of care to be provided b) The type and frequency of supervision to be provided c) The functional skills training to be provided d) Any other supports/interventions to be provided e) Description of how each intervention will be documented.	Care: Assistance with or completion of tasks that cannot be completed by the person and about which the person is not being taught (including but not limited to regulation of water temperature, fire evacuation needs, etc. Supervision: Oversight by another provided according to SCDDSN policy and must be as specific as needed to allow freedom while assuring safety and welfare (including supervision when around water that exceeds 110 degrees F. Functional: Activities/skills/abilities that are frequently required in natural domestic or community environments. Skills training: Should center on teaching the most useful skills/abilities for the person according to their priorities. Every consideration should be given to adaptations that could make the task easier/more quickly learned.
RH4.7	A quarterly report of the status of the interventions in the plan must be completed.	Quarterly summary is routinely shared with the service coordinator.
RH4.8	Residents who attend school are supported as needed to enable them to benefit fully from their school experience.	Support includes but is not limited to helping with homework, assistance to participate in school activities and functions, working in conjunction with school personnel on issues, responding to correspondence from the school. When recipient is a minor, an understanding regarding participation with the guardian must be reached.
RH4.9	The effectiveness of the residential plan is monitored and the plan is amended when: a) No progress is noted on an intervention b) A new intervention, strategy, training or support is identified; or c) The person is not	Data should be analyzed closely for similarities, variations, and relationships which forms the basis of an interpretation. Data should then be synthesized by comparing, eliminating and merging disparate pieces of information into one coherent whole. Synthesis occurs when all parts are connected or woven around several logical and critical points. Corrective action is taken and recorded when: The plan is not consistently implemented by staff; Inaccuracies are noted in the plan**;** there is no correlation between recorded data and observed individual performance; the health, safety and welfare of people is not maintained, when the person is not satisfied with the intervention, etc.

	satisfied with the intervention.	As a general rule, if no progress has been noted for three (3) consecutive months with no reasonable justification for the lack of progress, the plan must be amended.
	Health	**Guidance**
RH5.0	People receive coordinated and continuous health care services based on each person's specific health needs, condition, and desires.	Continuous health care includes acute and emergency care. Continuous means through out entire life span. Coordinated means that people have a medical home/primary physician, (unless they choose otherwise) who is aware of their history, medical condition, other health care specialist involved, etc. People actively participate in their health care decisions according to their skills and abilities. People with specific health concerns, such as seizures, people who are prone to aspirate, etc. receive individualized care and follow-up. People are supported to develop/maintain a healthy lifestyle and to engage in wellness activities which may include, but not be limited to: nutrition/ weight management and physical fitness activities through involvement in programs such as Steps To Your Health, YMCA membership, etc. Health conditions such as dysphygia and GERD are ruled out before behaviors such as rumination, intentional vomiting, etc. are addressed behaviorally. People receive a health examination by a licensed physician who determines the need for and frequency of medical care and there is documentation that the physician's recommendations are being followed. The health care received is comparable to any person of the same age, group and sex. i.e. mammogram for females 40 and above, annual pap smears, prostate checks for males over 50, etc. People receive a dental examination by a licensed dentist who determines the need for and frequency of dental care and there is documentation that the dentist's recommendations are being carried

		out. Staff who support the person have the tools/equipment needed and the skills/knowledge to do so appropriately.
RH5.1	The Residential Habilitation provider must have procedures that specify the actions to be taken to assure that within 24 hours following a visit to a physician, Certified Nurse Practitioner (CNP). Or Physician's Assistant (PA) all ordered treatments will be provided.	The procedures must specify the exact steps to be taken and by whom, including but not limited to, specifying to whom orders are to be given upon return from the physician's visit; who is responsible for obtaining medications, supplies or equipment from the pharmacy or other supplier; who is responsible for scheduling follow-up visits, visits to specialist, or visits for further testing; who is responsible for training direct support staff and providing those staff with appropriate written instructions for complying with the orders, etc. The point is that there is a system in place to assure that orders are followed and the specific staff have been assigned and are responsible for specific tasks.
RH5.2	The Residential Habilitation provider must have available at all times a health care professional that can assess a resident's health condition, determine appropriate intervention to be provided, and give specific instruction to staff who will provide the intervention.	The contact information for the health care professional must be posted or easily accessible in all residences. Staff must know how to contact professional and be instructed and encouraged to do so as often as needed. Providers are encouraged to utilize resources effectively and efficiently while assuring that staff has access to a health care professional. This professional may be a nurse hired or contracted by the agency, or a nurse available through a physician's office, or a local "ask-a-nurse" line through a hospital or other health care organization, etc. The source used to provide access to staff is not restricted by this requirement.
RH5.3	Between 24-36 hours after being seen by a physician, Physician's Assistant or Certified Nurse Practioner for acute care, the person must be evaluated to determine the status of his/her condition.	The evaluation may be done by a staff member who is not a nurse and is not a health care professional. However, the designated staff member may not be a staff person who provides direct support to those who receive residential habilitation services. If the acute care visit is self-initiated or initiated by family members without the knowledge of the residential provider, this requirement would not apply. In these situations, within 24 hours of returning to the setting or learning about the visit, the provider must assure that medications, supplies or equipment needed to comply with the orders from the visit are available in the setting. "Acute" is defined as treatment sought for a brief and severe condition, as opposed to treatment for chronic long term conditions, routine check-ups, or follow-up visits for previously diagnosed illnesses. Acute visits are not planned in advance but are in response to a sudden change in condition or an accident, such as a sinus infection, urinary tract infection, the flu, a broken

		arm, a laceration, etc. To evaluate, the staff member must: 1. See the person in his/her home. 2. Determine if the person's condition has improved, worsened or remained unchanged. 3. Review the orders/instructions given as a result of the CNP, PA or physician's visit or discharge from the hospital in order to determine if needed medications, supplies and equipment are available and in sufficient quantity to comply with the orders. 4. Determine if staff can competently perform the duties required to comply with the orders. If staff are not observed performing the duties, determine if staff has been given clear and accurate instructions or materials that are easily understood and aid in their ability to competently perform the duties. 5. Determine if staff can identify the worsening or lack of improvement of the person's condition or if staff have been given instructions regarding how to identify the worsening or lack of improvement of the person's condition. 6. Determine if staff know or have been given specific instructions regarding what to do: ▪ If the condition worsens or doesn't improve as expected; ▪ If they have questions about how to comply with the orders; and/or ▪ If they need supplies, equipment, medication in order to comply with the orders. 7. Report immediately (before leaving the residence) to the Executive Director or designee situations in which: ▪ Medications, supplies and/or equipment are not available; ▪ Staff on duty do not appear to be competent to fulfill the orders nor have they been given clear and accurate instructions or materials to aid in the competent completion of the duties; and/or ▪ The person's condition has worsened or has not adequately improved and no action has been taken to address. Following the verbal report, staff must Complete sign and date a report of the

		evaluation that provides a detailed description of the adverse findings(s) and actions(s) taken. 8. Provide the original report to the Executive Director/designee within 48 hours of the completion or the next business day, whichever is later. **Note:** Any situation reported to the Executive Director/designee as outlined in #7 (above) will be considered an unusual and unfavorable occurrence that has harmful or otherwise negative effects to the person and therefore, must be reported to the Department of Disabilities and Special Needs following the steps outlined in 100-09-DD, Reporting of Critical Incidents.
	DOCUMENTATION	**GUIDANCE**
RH6.0	Documentation/data must be: A. True and accurate; B. Complete; C. Legible; D. Logically sequenced; E. Dated and signed by the person making the entry; along with their title. F. Typed or handwritten in permanent dark ink.	• Policy 167-06-DD Confidentiality of Client Records • Policy 368-01-DD Records Management • The Health Insurance Portability & Accountability Act of 1996, Public Law 104-191. • Late entries (i.e. notes written into the record more than 24 hours after the activity which is described) must be identified as such. • When errors are made, draw one thin line through the error, write "error" near the original entry, enter the correct information, and add signature/initials and date. The information contained in the error must remain legible. No correction fluid, tape or erasable ink may be used;
	Reporting	**GUIDANCE**
RH7.0	Reporting requirements must be performed correctly.	Reporting of Critical Incidents, Policy 100-09-DD Death or Impending Death of Persons Receiving Services, Policy 505-02-DD Procedures for Preventing and Reporting Abuse, Policy 534-02-DD

Appendix
Additional Guidance

All homes must be in compliance with all applicable DDSN contracts, policies, procedures, and standards and applicable federal, state and local laws.

Resident's Rights and Protections

100-17-DD	Family Involvement
167-06-DD	Confidentiality of Client Records
535-02-DD	Human Rights Committee
535-07-DD	Obtaining Consent for Minors and Adults
535-08-DD	Concerns of People Receiving Services: Reporting and Resolution
535-10-DD	Implementation of National Voter Registration Act
535-11-DD	Appeal and Reconsideration Policy and Procedures

The Health Insurance Portability & Accountability Act of 1996, Public Law 104-191
http://www.hipaa.state.sc.us/

SC Code of Laws 44-26-10 to 44-26-220 Rights of Mentally Retarded Clients
http://www.scstatehouse.net Search under category "code of laws".

Compliance with Title VI of the Civil Rights Act of 1964, American's with Disabilities Act of 1990, Age Discrimination Act of 1975 and Section 504 of the Rehabilitation Act of 1973 and Establishment of a Complaint Process (Cross reference DDSN Policy 700-02-DD

Personal Funds & Property

200-12-DD	Management of Funds for Individuals Participating in Community Residential Programs
604-01-DD	Individual Clothing and Personal Property

Health

100-29-DD	Medication Error/Events Reporting
100-12-DD	Aides Policy
533-02-DD	Sexual Assaults, Prevention, Incident Procedures, Follow Up

603-01-DD Tardive Dyskinesia Monitoring
603-06-DD Guidelines for Screening for Tuberculosis
603-13-DD Medication Technician Certification
604-04-DD Certification in First Aid and Cardiopulmonary Resuscitation

Health Care Guidelines

Behavior

600-05-DD Behavior Support Plans
101-02-DD Preventing and Responding to Suicidal Behavior

Reporting

100-09-DD Critical Incident Reporting
534-02-DD Procedures for Preventing and Reporting Abuse, Neglect, or Exploitation Of People Receiving Services from DDSN or a Contract Provider Agency
368-01-DD Individual Service Delivery Records Management
505-02-DD Death or Impending Death of Persons Receiving Services From DDSN

Finance Manual, Sections 10.1 & 10.7

Certification and Licensure

104-01-DD SCDDSN Certification & Licensure
167-01-DD Appeal Procedure for Licensed Programs Serving Persons with Mental Retardation

Staff

567-01-DD Employee Orientation, Pre-Service and Annual Training Requirements
567-02-DD Policy on Preventing and Responding to Aggression (PRA) and the Approval of Alternative Techniques or Curriculum

Criminal Record Checks of Direct Care Staff SC Code of Law Section 44-7-2910 Article 23

General

100-25-DD Disaster Preparedness Plan for DSN and Other Agencies Providing Services to Persons with Disabilities and Special Needs
100-26-DD Risk Management Program
502-01-DD Admissions/Discharge of Individuals To/From DDSN Funded Community Residential Placement

HCB Medicaid Waiver Manual
Omnibus Adult Protection Act - Section 43-35-10, et seq.
Occupational Safety and Health Program (OSHA) http://www.llr.state.sc.us/osha.asp